

**Recommendation X: Adopt a standardized assessment tool for identifying the needs and strengths of the youth served by the public behavioral health system.**

Behavioral health providers in Iowa currently utilize a variety of instruments to help them: assess a youth's clinical or functional status, determine the types of services and supports a youth may need, develop treatment plans, evaluate the effectiveness of treatment interventions, and conduct program evaluation or quality assurance activities. Assessment instruments used in Iowa vary from provider to provider. The most frequently utilized tools include the Child and Adolescent Needs and Strengths (CANS) tool, the Child and Adolescent Service Intensity Instrument (CASII), the Child and Adolescent Functional Assessment System (CAFAS), and the Global Appraisal of Individual Needs (GAIN). While providers are using tools to help inform individual decisions about a youth's care or evaluating the performance of their own program, there is no systematic or "macro level" approach to identifying the service and support needs of a youth and measuring system performance that cuts across providers and levels of care (e.g. outpatient, inpatient, PMIC, IHH, etc.). This is due in part to the lack of a common assessment instrument and system for capturing information from such an instrument.

While workgroup members expressed concern regarding a "one size fits all" approach to assessing the needs of a diverse population of youth; they acknowledged that the lack of standardization has limited the ability of the system to use data to help service providers, system designers, and policy makers understand the needs of the youth served by the system and plan appropriately. It has also made it difficult to accurately report to funders how well (or not) the current system of services and supports is meeting the needs of Iowa's youth with behavioral health needs, information that could be used to help advocate for additional funding or policy changes. Furthermore, the absence of a common framework for informing decisions about the type and intensity of treatment a youth may need has created variability across the system. While a standardized tool does not replace clinical judgment it can help create a common language among providers and payers and lead to a more uniform process for making placement and treatment decisions.

In this competitive funding environment where resources are increasingly limited, the workgroup acknowledged that it is critically important to ensure that youth are receiving the right services to meet their needs and those services are achieving results. More and more, funders are demanding evidence of return on investment and requiring accountability from those receiving public dollars. The workgroup recognized the need for a more systemic approach to system planning and a strategy for holding providers and policy makers accountable for the results the system is achieving on behalf of some of Iowa's most vulnerable youth. The current variability with respect to the information collected about the needs of youth makes it difficult to draw an accurate picture of who is being served by the system and how the system is performing. **Thus the workgroup recommends that Iowa adopt a standardized assessment tool for identifying the needs and strengths of the youth served by the public behavioral health system and establish a common framework for evaluating and reporting on system performance.**

Given the importance of selecting the right tool(s) and designing an approach to evaluating system performance, the workgroup determined they could not accomplish the task of appraising available

tools and making an informed recommendation to the General Assembly within the timeframe for submission of this report. **Therefore the workgroup recommends that an assessment task force be convened.** The charge of this group will be to evaluate available tools and make a recommendation to DHS regarding the adoption of a specific standardized tool for assessing the service and support needs of youth served by the public behavioral health system. Composition of the task force should include a combination of child and adolescent clinical professionals as well as individuals with administrative experience who can inform discussion about implementation. Once DHS implements the tool, it should be responsible for collecting, analyzing and reporting on the information and how it informed decision making regarding the children's system of care.